

**FIRST FRIENDS PRESCHOOL APPLICATION – PLEASE PRINT CLEARLY**

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Age of child on August 1<sup>ST</sup> \_\_\_\_\_ (**Aug. 1<sup>st</sup> is the cut off for Vigo Schools**)

Child's Birthday \_\_\_\_\_

Date of Registration \_\_\_\_\_ (Immunization/Birth Certificate due 2 weeks from this date)

Do you have a Parent Card? Yes \_\_\_\_\_ No \_\_\_\_\_

All Parents must have a **Parent Card** to enter the building. The church doors are locked during Preschool hours. The Parent Card allows you to access your child. The Parent Card will be given to you in your Parent Packet. Please return the card in May to the Director - \$5.00 will be given back to you.

**Registration Fees/Supply Fees/Back to School Fees - \$100.00 without a card/\$75.00 with a card.** Check \_\_\_\_\_ Cash \_\_\_\_\_ Amount paid \_\_\_\_\_

**The fee at the time of registration is Non-refundable**

\*\*\*\*\*Second Semester Supply Fee is due in January - \$75.00 with your tuition payment\*\*\*\*\*

**Do you vaccinate your child? YES NO - (Circle one)**

*(We follow the CDC guidelines for immunizations – all shots must be up to date.)*

**Is your child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_ Should be by fall? Yes \_\_\_\_\_ No \_\_\_\_\_**

**CLASSED OFFERED AT FIRST FRIENDS PRESCHOOL: Prices listed are per month.**

**\*Bright Beginnings Class – age 2 between August 2-Dec. 31<sup>st</sup> does not need to be potty trained**

T/TH only 9:00 am – 11:30 am \_\_\_\_\_ \$120.00

T/TH PLUS Parents Time Out \_\_\_\_\_ Tuesday/Thursday tuition Plus \$75.00 – slight adjustment

**\*Beginner's Class- age 2 by Aug.1<sup>st</sup> – does not need to be potty trained.**

M/W/F 9:00 am – 11:30 am \_\_\_\_\_ \$135.00

T/TH 9:00 am – 11:30 am \_\_\_\_\_ \$120.00

T/TH PLUS Parents Time Out \_\_\_\_\_ Tuesday/Thursday tuition PLUS \$75.00 – slight adjustment

**\*Middlers Class - age 3 by Aug. 1<sup>st</sup> – needs to be potty trained**

M/W/F – 9:00 am – 1:00 pm \_\_\_\_\_ \$155.00 – bring lunch

T/TH 9:00 am – Noon \_\_\_\_\_ \$130.00 – Children turning 3 between August 2 – December 31<sup>st</sup> will be considered for this class ONLY – needs to be potty trained.

T/TH PLUS Parents Time Out \_\_\_\_\_ Tuesday/Thursday tuition PLUS \$75.00 – slight adjustment

**\*Pre-Kindergarten Class– age 4 by Aug. 1<sup>st</sup> – needs to be potty trained**

Mon – Fri. EVERYDAY – M/W/F 9:00 – 2:00 T/TH 9:00 – Noon \_\_\_\_\_ \$195.00 bring lunch

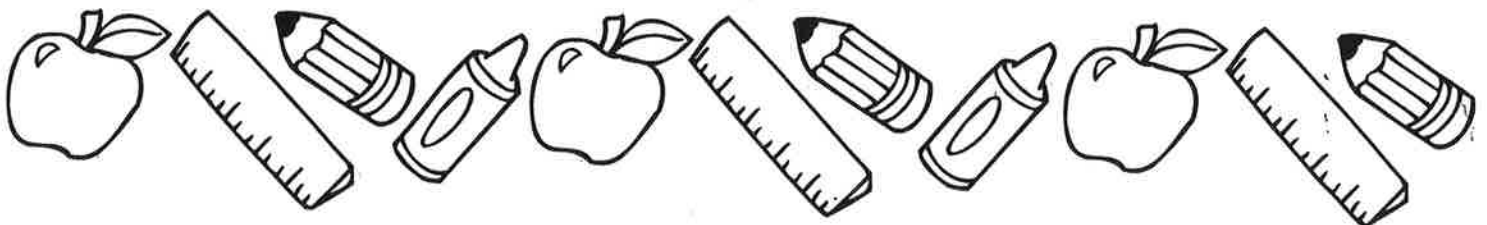
M/W/F – 9:00 am – 2:00 pm \_\_\_\_\_ \$170.00 – bring lunch

Children turning 4 between August 2<sup>nd</sup> – December 31<sup>st</sup> will be considered for this class.

Being in this class does not insure your child can move onto Kindergarten the following year.

**\*Parents Time Out Program – ages 2-4 (by August 1<sup>st</sup>) does not need to be potty trained**

Wednesday – 9:00 am-1:00 pm \_\_\_\_\_ \$100.00



Parents/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents Email address \_\_\_\_\_

**Members of your household** - Please list adults first, then children, in order of age

	<i>Name</i>	<i>Age</i>	<i>Relationship to child</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Has your child been in a Preschool/Day Care before? If so, where? Yes \_\_\_\_\_ No \_\_\_\_\_

Church Affiliation - \_\_\_\_\_

How did you hear about First Friends Preschool?  
\_\_\_\_\_

### MEDICAL INFORMATION

**EMERGENCY CONTACT** - This should be a close friend or relative who can be reached in the event that neither parent can be reached:

\*Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to your child \_\_\_\_\_

\*Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to your child \_\_\_\_\_

**(If necessary, 911 will be called to assist your child.)**

Which hospital do you prefer? Union \_\_\_\_\_ Regional \_\_\_\_\_

Does your insurance require that you use a particular one? Yes \_\_\_\_\_ NO \_\_\_\_\_

Physicians Name and Phone Number \_\_\_\_\_

ALLERGIES (Medicine and Food): \_\_\_\_\_

MEDICATIONS TAKEN REGULARLY: \_\_\_\_\_

Does your child have any physical disabilities or restrictions that we should be aware of

Is there anything else you would like us to know about your child?

**Please note, there is no coverage for your child in the event they would be injured while at Preschool. Please sign indicating you understand our policy:**

Parent Signature/Date \_\_\_\_\_

**PERMISSION FOR FIELD TRIPS/ OUTSIDE ACTIVITIES:**

My child, \_\_\_\_\_, is allowed to participate in **outside** activities which may be part of the preschool experience at First Friends Preschool. Pre-K classes might take a nature walk to Dobbs Park in the fall or spring. You would be notified about this walking field trip. As a Preschool, we do not take “driving” field trips in the community. We “bring the community to us” rather than us go out into the community.

Parent Signature/Date \_\_\_\_\_

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**IMMUNIZATION REQUIREMENTS:**

I hereby state, my child, \_\_\_\_\_, is **UP TO DATE** on their immunizations and a record of their immunizations AND my child’s birth certificate will be submitted to the Preschool Director **2 weeks following the date of registration**. Please note, these important documents must be on file before your child can attend First Friends Preschool. We follow the **Center of Disease Control (CDC)** guidelines regarding immunizations. Thank you for your understanding and cooperation. We do not accept waivers.

Parent Signature/Date \_\_\_\_\_

**PLEASE CHECK WITH YOUR CHILD’S DOCTOR, AT THE TIME OF REGISTRATION, TO INSURE THAT HE/SHE IS UP TO DATE ON THEIR IMMUNIZATIONS BY THE TIME SCHOOL STARTS NEXT FALL!**

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I agree to pay a \$100.00 or \$75.00 Registration/Fall Supply Fees/Back to School Fees including the Parent Card which must accompany this registration form. This payment is non-refundable. Second semester supply fee of \$75.00 is due in January along with the tuition payment. I agree to pay the monthly tuition from September – May (9 equal payments). After, the 5<sup>th</sup> of the month, I will incur a late fee of \$15.00. I agree to pay the snack fee to my child’s teacher by the first day of school. I understand that no refund will be made for non-attendance for illness or bad weather. If I decide to withdraw from the program, I will notify the Director in order to protect my “good standing” in the event I wish to participate in the future. I will be certain my child is in good health when I send him/her to Preschool. I understand that a child with diarrhea, fever, vomit, excessive running nose or excessive cough or any communicable disease is considered unhealthy and I will keep my child home from Preschool. I understand that school personnel cannot administer medicine.

Parent/Guardian Signature/Date \_\_\_\_\_

\*Please initial if you **are in agreement** with your child’s photo being used at First Friends Preschool/First Baptist Church \_\_\_\_\_